

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
---	--	-----------------

In the matter of _____, alleged incapacitated individual

1. I am a licensed ☐ physician. ☐ mental health professional. My speciality is _____
if any

2. I last examined the individual on _____

3. Based on that examination and her/his medical record the individual suffers from the following physical or psychological infirmities:

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

check all that apply ☐ determining where to live. ☐ handling personal financial affairs.
☐ consenting to supportive services. ☐ authorizing or refusing medical treatment.

7. The prognosis for improvement in the individual's conditions is _____.

My recommendation for the most appropriate rehabilitation plan is attached.

☐ 8. Further comments are attached on a separate sheet.

 Date

 Signature

 Address

 Name (type or print)

 City, state, zip

 Telephone no.

Do not write below this line - For court use only